

**EMPLOYEE INJURY/ILLNESS REPORT****EMPLOYEE INFORMATION**

Date: 12/20/22	Date Hired: 06/28/2017	Sex: male
Employee Name: Austin J. Rowland		SS#: [REDACTED]
Department: Lynchburg Police Department		Date of Birth: [REDACTED]
Position Title: POIII		
Home Address: [REDACTED]		Home Phone #: [REDACTED] Work Phone #:

INCIDENT INFORMATION

Date of incident: 12-20-2021	Time Employee Shift Began: 1800
Years/Months of Service: Years 4 months 0	Time of Incident: 2200
Location of incident: 2504 Old Forest Road	

What was the employee doing before the incident occurred? Describe the activity, tools and equipment in use, be specific.

Running downhill chasing suspect through a wooded area

What happened? Tell how the injury occurred.

While running he tripped on a fallen tree and felt a pop and sharp pain in his left knee

What was the injury or illness? Part of body affected and how.

Pain in left knee

What object or substance directly harmed the employee? Tool, equipment, vehicle, etc.

Tree

Personal Protective equipment in use? ☒ Yes ☐ No

If yes, please describe. Ballistic Vest and Eye protection

Report for reporting purpose only? ☐ Yes ☒ No

First Aid treatment? ☒ Yes ☐ No

Medical treatment? ☒ Yes ☐ No

Lost Time From Work/Restricted Duty ☒ Yes ☐ No

Employee hospitalized overnight? ☐ Yes ☒ No

For injuries requiring medical attention, a provider from the City of Lynchburg Panel of Physician's must be seen for treatment of all work related injuries. Which provider did you use?

☐ Physician's Treatment Center ☐ Health Works ☒ Lynchburg General Emergency Room

Employee Signature [Signature]

Date 12/20/21

Supervisor Signature [Signature]

Date 12/20/21

Supervisor's Name (Print) _____

Contact # _____